CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No.:
Name:		Spot Description:
Address 1:		SecTwpS. R East
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
Gas DH EO		Elevation: Ground: Kelly Bushing:
		Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	•••	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.	5.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follo		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Orig	jinal Total Depth:	
Deepening Re-perf. Con	v. to EOR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Con	v. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Committee de la Committee de l	и.	Chloride content:ppm Fluid volume:bbls
_	#: #:	Dewatering method used:
<u> </u>	#:	Location of fluid disposal if hauled offsite:
	#:	
GSW Permit	#:	Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II III Approved by: Date:					

1271087 CORRECTION #1

Operator Name	:				Lease Nam	e:			Well #:	
Sec T\	wp	S. R	Eas	t West	County:					
open and close and flow rates it Final Radioactiv	d, flowing f gas to s vity Log, l	g and shut-in urface test, a Final Logs ru	pressures, wh long with final n to obtain Ge	ether shut-in pre chart(s). Attach	ssure reached extra sheet if n .nd Final Electri	static level, nore space c Logs mus	hydrostat is needed	ic pressures l.		val tested, time tool trature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Add		eets)		Yes No		Log	Formatio	n (Top), Dep	th and Datum	Sample
Samples Sent to		•		Yes No	1	Name			Тор	Datum
Cores Taken Electric Log Ru Geolgist Report List All E. Logs	n t / Mud Lo			Yes No Yes No Yes No						
			Rep	CASING			Used e, production	on, etc.		
Purpose of S	String	Size Hole Drilled	e S	ize Casing et (In O.D.)	Weight Lbs. / Ft.	Se	etting epth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING /	SQUEEZE I	RECORD			
Perforate	Purpose: Depth Type of Cement Top Bottom Type of Cement Top Bottom		e of Cement	# Sacks Used Type and Percent Additives		and Percent Additives				
Plug Off 2										
1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) No (If No, skip questions 3) No (If No, fill out Page Three of the ACO-1)						•				
Date of first Prod Injection:	uction/Inje	ction or Resum	ned Production/	Producing Meth	od: Pumping	Gas Lift	o	ther <i>(Explain)</i> _		
Estimated Produ Per 24 Hour		Oil	Bbls.	Gas	Mcf	Water	Bb	ıls.	Gas-Oil Ratio	Gravity
Vented [POSITION Sold sted, Submi	OF GAS: Used on L t ACO-18.)	.ease	M Open Hole		MPLETION: rually Comp. rubmit ACO-5)		nmingled - nit ACO-4) -	PRODUCTIO Top	N INTERVAL: Bottom
Shots Per Foot		oration I	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,		, Cementing Squeeze I Kind of Material Used)	Record
TUBING RECOF	RD:	Size:	Set At	:	Packer At:					

Form	ACO1 - Well Completion		
Operator	Triple T Oil, LLC		
Well Name	Gerken T-4		
Doc ID	1271087		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	3	50/50 POZ
Production	5.625	2.875	8	550	Portland	70	50/50 POZ

Summary of Changes

Lease Name and Number: Gerken T-4

API/Permit #: 15-121-31124-00-00

Doc ID: 1271087

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Producing Formation	Cattleman	Second Squirrel
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 69097	//kcc/detail/operatorE ditDetail.cfm?docID=12 71087



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1269097

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City:	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
Oil WSW SWD SIOW	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to: w/ sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	·				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. Twp. S. R. East West County: Permit #:				

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Confidentiality Requested					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

Miami County, KS Well: Gerken T-4

Lease Owner: Triple T

Town Oilfield Service, Inc. Commenced Spudding: (913) 837-8400 10/19/2015

WELL LOG

hickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
35	Lime	47
8	Shale	55
19	Lime	74
4	Shale	78
2	Lime	80
4	Shale	84
6	Lime	90
22	Shale	112
8	Sand	120
3	Limey Sand	123
50	Sandy Shale	173
87	Shale	260
5	Lime	265
29	Shale	294
7	Lime	301
20	Shale	321
10	Lime	331
12	Shale	343
4	Lime	347
6	Shale	353
5	Sand	358
30	Lime	388
4	Shale	392
4	Lime	396
59	Shale	455
4	Sandy Shale	459
6	Sand	465
12	Sandy Shale	477
9	Sand	486
1	Shale	487
6	Sand	493
1	Coal	494
2	Lime	496
64	Shale	560-TD

Log Book

Farm	recken	
<u>ks</u>		Miami
(State)	سرسن	(County)
(Section)	(Township)	(Range)

Town Oilfield Services, Inc. 1207 N. 1st East

1207 N. 1st East Louisburg, KS 66053 913-710-5400

KS State; Well No. T-4	CAS	SING AN	D TUBING	MEASI	UREMENTS	
Elevation 926	Feet	In.	Feet	In.	Feet	In.
Commenced Spuding 10-19 20 15	517.	55	BJ	41	<u>e</u>	
Finished Drilling 10-20 2015 Driller's Name We5/ry Dellard	550.	25	F	-0-	+-,	/
Driller's Name Driller's Name	560	7	***************************************		21	8
Tool Dresser's Name Ryan Ward						
Tool Dresser's Name						
Tool Dresser's Name						
Contractor's Name 705 29 18 24						
(Section) (Township) (Range)	,					
Distance from $\frac{5}{E}$ line, $\frac{460}{11}$ 11.			···			
3 sacks 27/8 casing						
55/6 borehole						
CASING AND TUBING						
RECORD						
*						
10" Set 10" Pulled						
8" Set 8" Pulled						
7 5%" Set 20 6%" Pulled						
4" Set 4" Pulled						

2" Set ______ 2" Pulled ____

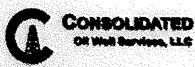
Thickness of	Formation	Total	
Strata D-/2	1 1	Depth 12	Remarks
	Soil-Clay	47	
35		ļ	
8	shale	55	
	Line	17	
4	<u>shale</u>	78	
2	Lime	80	
4	Shale	84	
6	Lime	90	Hertha
22	shale.	112	
8	59nd	120	odor- slight slow
3	limey sand	123	0000 0000
50	Sandy Shell	173	
87	shel-e	260	
5	lime	265	
29	Shele	294	
7	Lime	301	
20	Shal-e	321	
10	Lime	331	
12	Shehe	343	
4	Lime	347	
6	shall e	353	
5_	sanel	358	no oil
30	lime	388	
4	shill	392	
	Lime	396	·
59	shale	455	
4_	sandy shele	459	

-3-

Thickness of Strata Total Depth Formation Remarks 465 12 9 broken-1 no 0. 6 493 broken 454 2 496 Lime 64 560 TD

-4-

-5-



455/44

LOCATION OFFICE KS
FOREMAN Fred Made

PO Box 884, Chanute, KS 66720 620-431-9210 or 806-467-8676

FIELD TICKET & TREATMENT REPORT

USTOMER Triale T Oil TRUCK# DRIVER TRUCK# DRIVER 7/A Fre Mad P.O. Box 339 495 No. Acc	DATE	CUSTOMER #	WELL	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
ARINGADORES ARINGADORES P.D. BOX 329 ITY STATE PROCODE R.S. BOX 329 HOLE BUZE STE HOLE DEPTH 550 DRILL PIPE TUBING 517 OTHER TURRY WEIGHT SURRY VOLU WATER MINN RATE 48PM GAL FLUEL MILY PUMP 70 KES PROBLET REMARKS: No. (A Safety Musching Establish guing ret. Mily 4 Pump 100 GAL FLUEL MILY PUMP 70 KES PROBLET RICHMAN TO SULFACE FLUER DUMP HITTER COMMAN TO SULFACE FLUER DUMP HITTER REMARKS: No. (A Safety Musching Establish guing ret. Mily 4 Pump 100 GAL FLUEL MILY PUMP 70 KES PROBLET RICHMAN TO SULFACE FLUER DUMP HITTER CLEANED. DISGRESS TO RELEASE RICHMAN TO SULFACE FLUER DUMP HITTER CLEANED. DISGRESS TO RELEASE RICHMAN TO WHITE DESCRIPTION OF BERVICES OF PRODUCT UNIT PRICE TOTAL REGION ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL REGION ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL REGION ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL REGION ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL REGION ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT ACCOUNT ACCOUNT COURS DISCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL ACCOUNT	/0-20-/5	7966	Cox Ken	· 7:4	NE 39	18	27	MI	
P.D. Boy 329 Realis burg KS 16053 KS 16053 KS 16053 FIRST TO MART OBTYPE LONGISTON HOLE SIZE SYS HOLE DEPTH SGO CASING SIZE A WEIGHT 276 EUF ASING DEPTH SO' DRILL PIPE SURRY VEIGHT SURRY VOL WATER GAINE, EBRARKS: 1406 Safety Marking Establish pump rate Mit & Pump 100 Gat flugh Mit & Pump 70 cks for Bland TA Commet 276 Cult. Release plasseure to bat float Value Skey in Casing. Release plasseure to bat float Value Skey in Casing. Release plasseure to bat float Value Skey in Casing. ACCOUNT OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE QUARITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION of SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUABITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL CODE OUBBER OF THE OUTE OUT OF THE OUT		lale 7 0	M.		TRUCK#	DRIVER	TRUCK#	DRIVER	
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DETTY LOVE FIRM HOLE SIZE STE HOLE DEPTH SEQ CASING SIZE & WEIGHT 776 506 ASING DEPTH SEQ! DEPLI PIPE TUBING SIZE TUBING SIZE OTHER TUBING SIZE OTHER SURRY VIOL WATER GAINER SPLACEMENT 3 BBL DISPLACEMENT PS! MIX PSI SEMARKS: No Id Seq Seq Size MIX P PUMP CHARGE FULL SEQUENT OF SEX POSITION OF SERVICES OF PRODUCT ODE TO US DI: ILLY ACCOUNT COUNT OUANTY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT MILEAGE FOR M	Louis	DUYG	Ks	46053	548				
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BELLEGRENT 38 BAL DISPLACEMENT PSI MIX PSI EMARKS. No let Safety week in Establish pump ret. Mit themp 100th Gal Flush Mit & Pump 700 sks for Bland IA (ement 376 chi. Coment to Suttace. Flush pump times clean Displace 25" Rubber plus to baffle in rasing. Pressure to 800th Rsi. Relegge pressure to set floor value. Shart in casing. ACCOUNT CODE QUANTY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL ACCOUNT CODE (PUMP CHARGE 475 1500 25 100 12 100 100 100 100 100 100 100 100	LURRY WEIGH	RRY WEIGHT SLURRY VOL WATER gal/				Vek CEMENT LEFT In CASING 32 4 Ping			
Gel Flush Min + Pund 70 sks Por Black IA Lement 2th Unit Cement to Surface Flush pump + I mas cleam. Displace 2th Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus to boffle in racky. Pressure to 500 ps. Rubber plus. Skulling. TO 05 Drilly. TO 05 Drilly. TO 05 Drilly. TO 05 Drilly. TO 10 ps. PAND CHARGE PRODUCT UNIT PRICE TOTAL COUNTY OF MILES TO MILES TO MILES TO MILES TO MILES TO MILES TO SES Po Bland IA Cement 9750 Less 450 ps. Less							RATE 489ML		
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Release pressure to set float Value. Short in Casing TO OUS Dilling. Full Medic. ACCOUNT CODE QUANTITY OF UNITS DESCRIPTION OF SERVICES OF PRODUCT UNIT PRICE TOTAL REGUSO PURP CHARGE HILEAGE FORM WILEAGE FORM	Rubb	er plug	70 bat	CA THE COL	Ne. Press	Ure to 8	60# PSI.		
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CODE COUNTY O'UNIS DESCRIPTION OF SERVICES O' PRODUCT ONLY PROCE TOTAL PEO 150 (PUMP CHARGE									
FO 150 PUMP CHARGE		QUANITY o	runits .	DESCRIPT	TON of BERVICES or F	RODUCT	UNIT PRICE	TOTAL	
# # # # # # # # # # # # # # # # # # #		7		PUMP CHARGE		495	150000		
FO718 1/2 Minimum Ton Miles 546 330° 100° 100° 100° 100° 100° 100° 100°	PERSONAL PROPERTY OF THE PERSON NAMED OF THE P			MILEAGE					
Less 450 70 SES POR Bland TA Campy 9755 2 576 2 218 Bash in Gal. 4550 2 10 576 1 218 Sold 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		12 Mm	KLAN	Tion Mile	6	548	3300		
C. Stevelle 70 SKS Par Bland I A Camust 9.45 5 1042 2 1057 105 1057 1057 1057 1057 1057 1057				A CONTROL OF A CON	The state of the s				
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.